12-20-84

HICKS HOME for FUNERALS, ELKTON, MD. 21921

icha) ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

20012

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

Unknown

DAYS

INDUSTRY

YES [

Cratin & Ferris Crematory, West Chester, Penna.

250 DATE REC'D. BY REGISTRAR 256 REGISTRARIS SIGNATURE

COUNTY

22c DATE SIGNED

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

Cremation

24. FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

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				noflocal Milas
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		Difference	Huber	- Hafrani
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		3/10	all Market	
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BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, ar other traumatic event, the medical

page 3

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EPARTMENT	OF	HE	AL	H	AND	MENT /	AL I	i

YGIENE.

3 3 43

	1 -	FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH	REG. N	3 4	9 8	
		CEASED NAME	FIRST	٨	AIDOLÉ	L	A51		MONTH DAY		2b. HOUR
	[] APE	MARG	ARET	EL	IZABETH		ADKINS	DECEMBER	7, 1984		. p. M
	3. SEX	X		4 RACE	-1-	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR			IF UNDER 24 HRS HOURS MIN.
		Female	- 3	White		DECE	MBER^14, 1906	77	YRS	S DAYS	HOURS MIN.
0	C	RTHPLACE (STATE ORF			WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED .	9 BALTIMORE CITY O	R COUNTY OF D	EATH	MD.
Elkton			ТН	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Hospital			DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST COMMENTAL HOMENAKET	E WORKING LIFE IN	b. KIND OF IDUSTRY	BUSINESSOR
5	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b COL			ITY	13c. CITY OR TOWN 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES \(\sum \text{ NO } \te			13e.STREET ADDRESS 2482 Blue	ZIP CODE Ball Ro	oad	21921
C	14 FA	James		homas	Gathi	ings	IS. MOTHER'S MAIDEN NAM Sarah	MIDDLE		Thon	nas
	160 WAS DECEASED EVER IN U.S. ARMED F			MED FORCES?	er.			ADDRE			
		No	(1110)		219-14-	-0159	Mr. Lemon C	lyde Adkins	, Elkton	, Md.	21921
	CERTIFICATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT	nediate g the last	DUE TO, OI		O DEATH BUT	A S H D NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN	RE FINDING	
	RTIF				F III LUIDV		To how have a series	YES NO	YES		NO 🗆
7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O	IR PART 21	
	MEDICAL	21d. INJURY OCCURE WHILE AT WORK AT WORK		21e. PLACE ((AT HOME STR	OF INJURY SEET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
		22a.1 certify that (1) saw the declarse abave, (1) (1)	,	110	an Arab	0.1	nd that in Mour) opinion d	, to an the de	ate and hour and		ouses stated
		226. SIGNATURE		[X	u	-		MEDICAL STA	FF	12-10	
		22d. PHYSICIAN'S N	AME (TYPE	RPRINT)	0	>	22e ADDRESS		14 79		
		Joseph	G. La	nzi, M.	D.	THE WALL	721 Bridge	Street, Elk	cton, Md.	. 2192	!1
		BURIAL CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Marula	INTY	STATE
	24 FI	Burial UNERAL DIRECTOR	10	12-10	-64	osedar	1250 DATE	REC'D. BY REGISTRAR	, Maryla		RF
		Fred A. El	for F	UNERALS	ELKTON	N, MD.	21921 DE		Julia David	dson-R	indelle

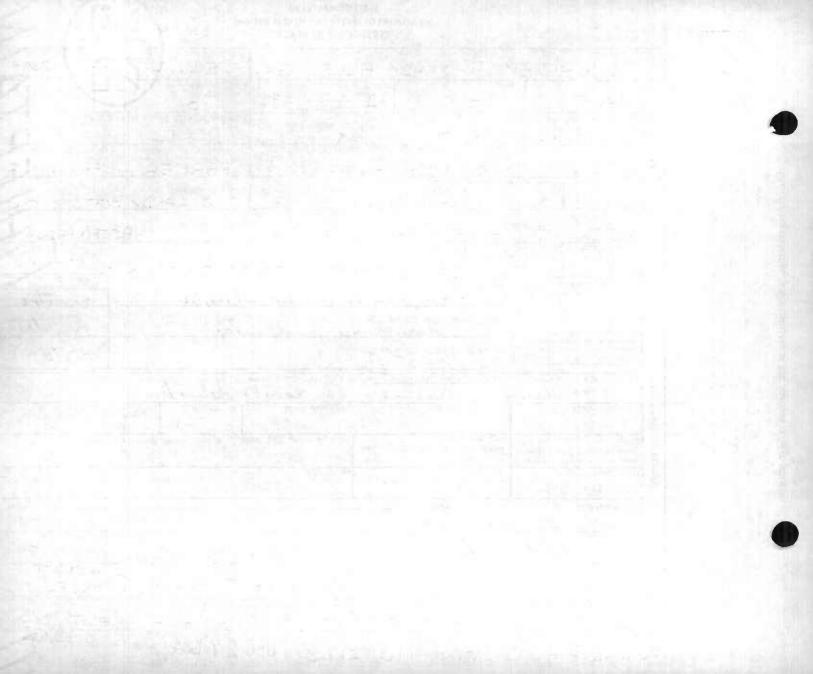
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STATE OF MARYLAND

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STATE OF MARYLAND



FOR
STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2013	-	Table 1	0	1
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		REGISTRAR				CEKITI	FICALE OF DEATH	REG. N	10.			
-1			IRST		MIDDLE		LAST		MONTH	DAY YEAR	2b. HC	DUR
	(TYPE	CLIF	FORD		Α.	Al	NDERSON	DECEMBER	21,	1984		P • M
	3. SE)	Х		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BI	RIHDAY	MONTHS DAY		DER 24 HRK
		Male		White		June	e 24, 1921	63	YRS	MONTHS DAY	S HOURS	5 MIN.
M		IRTHPLACE (STATE OF FORE	IGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH		
2	P	ennsylvania	10		SA	WIDOW	ED DIVORCED	Ceci				MD.
1	10 CI	Elkton			HOSPITAL, NURSIN HEACILITY, GIVE STREET, Sycamore		OR OTHER INSTITUTION	120 USUAL OCCUPAT (IXPE OF WORK FOR MOST OF Self-emple	Oyed	176. KIND INDUSTR Carpent	OF BUSIF	NESS OR
	13a S	AL RESIDENCE (# NURSING STATE 138 aryland	COUN	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Elkton		134 INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 236 Sycamo			2192	1
1	14 FA	Clifford		WIDQFE	Anderso	n	15 MOTHER'S MAIDEN NAME FIRST Margaret	MIDDLE		Scholf	ield	
1		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1)		MED FORCES? E WAR OR DATES) 2	16b SOCIAL SECU	RITY NO.	Mrs. Margue	rite Anders		Elkton.	Md.	2192
		18 CAUSE OF DEATH	Enter on	ly one course ner	line for (a) the an	d cı					OXIMATE IN	
7	CERTIFICATION		the last.	((c) CONDITIONS <u>CC</u>		DEATH BUT	I NOT RELATED TO THE TERM	INAL DISEASE OR CON	120b. IF Y	ES, WERE FINE	DINGS US	SED
	TIFIC									TIFYING CAUS YES []	ES OF DE NO	
Í		710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL I	SE OF DE A	TH HOUR A.	FINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCURE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE ((AT HOME STR	OF INJURY REET FACTORY OFFICE, F	ARM ETC }	711 LOCATION STREET	CITY OR TO	OWN	COUNTY	44	STATE
		22a.1 certify that (1) (the saw the deceased of above, (1) (www) (did)	alive an			84。	8-14 , 19 84 nd that in (my) (***) apinion a	ta DBC • 2	,	19 84 our and from th		(wa) lost stated
		226. SIGNATURE grah. A. Parel					DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	1-	7-85	D
		226 PHYSICIAN'S NAME					22e ADDRESS			1980		
		Yogish A.	. Pa	tel, M.	D.		Stanton Med	ical Bldg.	Wilm	ington,	Del	•
	23a. B	BURIAL, CREMATION, REA	MOVAL	12-23	COLUMN TO THE OWNER.		Cemetery OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Elkton	C	ecil. M	larv1	STATE
7		ICKS HOLE	or E	UNERALS	la Andress		25a DATI	N 9 1985	25b REGIS		ATURE	

UNERALS, METON, MD. 21921

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR A should be detached for use with the State Dept of Heat

ry, or other troumatic event, the

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

3 3 3

1.	FOR - STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTAL HYG	IENE 3	5 5 0	2
	CEASED NAME FIR	ST	MIDDLE	L/	AST	20. DATE OF DEATH MO	NTH DAY YEA	AR 26. HOUR
(TYP	E OR PRINT)	GIO J	UAN	RR	AVO ·	December 24	1, 1984	9:25am
3. SE		4 RACE	0324	S. DATE O		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 Y	YEAR IF UNDER 24 HRS
	Mala	Whit		May		62		AYS HOURS MIN.
	Male			TRY? 8		9. BALTIMORE CITY OR C	OUNTY OF DEATI	Н
	COUNTRY)			MARRIE	NEVER MARRIED			
	uerto Rico	US		WIDOWE O	D DIVORCED DIVORCED	Ce ci. 1 Count		MD ND OF BUSINESS OR
	1	(IF NOT IN SU	CH FACILITY, GIVE S	TREET ADDRESS)		TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUS	TRY
	erry Point, M			l Center		Enlisted Arm	ny US	Army
	STATE 136	COUNTY	13c. CITY OR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI		
Ma	ryland H	arford	Aberde	en	YES NO	522 S. Parke	Street/	21001
M F.	ATHER'S NAME	WIDDIE	LAST	7 3 5 1 1	15. MOTHER'S MAIDEN NA	ME	1	LAST
	Antonio		Brav		Amparo			Gil
	WAS DECEASED EVER IN U		166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	2	21001
	YES, NO OR UNKNOWN) (IF	VES, GIVE WAR OR DATES)	109-2	28-4281	Provi Zeigle	r. 522 S. Parl		
-	18 CAUSE OF DEATH (Er PART I. DEATH WAS C				epato-encepha			PROXIMATE INTERVAL
CERTIFICATION	underlying cause la	ANT CONDITIONS C	monia	TO DEATH BUT POST O	NOT RELATED TO THE TERM perative abdo N WAS PERFORMED bleeding ulce	minal wall w		ection NDINGS USED
	? 10. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART TOR PAR	T 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY		21f. LOCATION STREET	CHYORTOWN	COUNT	Y STATE
	220.1 coatify that (X(this	haspital) attended to	XXXXXX	X (X X X X X , ar	nd that in (my) (aur) apinion DEGREE	death occurred an the date		XXXXXXXXX n the couses stated DATE SIGNED
	22d PHYSICIAN'S NAME	Melmr		111).	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	V X	12-24-84
	K. H. HUEB					Center, Perr	y Point,	Md.
230.	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
E	Burial	Dec.28	,1984	Harford	Nem. Gdns.	Aberdeen, H	arford, Ma	iryland
24 F	Tarring Fune			ën, Md.	21 ₀₀₁ -3399 D	EC 3 1 1984	REGISTRAR'S SIG	NATURE

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Turned Parent Lang Cherdeon, Ed. - Logary and Turned

1 1	FOR	D	EPARTMENT OF		RYLAND ND MENTAL H	VGIENE	4 /4	
1-	STATE REGISTRAR		ICAL EXAMIN				5 U	Š
	ECEASED NAME FIRST SAVA	. Eli	zaseth	-	ckwort	20. DATE KNOWN OF ESTI- DEATH MATED	× 12 1	1 1984 M
3 SE	emale White	5. DATE OF BIRTH	23 6. AGE (IN YEAR LAST BIRTHDA	AY) MONTHS	DAYS HOURS	MIN. PRONOUNCED DEAD	12 /	2,84 6.20 PM
0 1	SIRTHPLACE (STATE OR OREIGN COUNTRY) Maryland	U. S.	Α.	WIDOWED		o Ceci	it Cov	nty MD.
0	EKton	501 H	PITAL, NURSING HOME HUTV. GIVE STREET ADDRESS)	th A.	VENUE	FOR MOST OF WORKING LIFE) Vice Presi	(KIND OF BUSINESS OR INDUSTRY Bank
5 Ma	at residence (if in nursing home of state ryland 13b. Coun	OR OTHER INSTITUTION, GIVE	e residence of fore admission of the term	Y	ES X NO		ingswor	th Ave.
0	charles	B.	Buckworth	1	MOTHER'S MAIDE FIRST			pear
1 160.	WAS DECEASED EVER IN U.S. AR. YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY 220-187-7		INFORMANT Irs. Mar	y Barnes 5		St.Elkton
NO	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 DIHER SIGNIFICANT CONDITIONS	(b)	AS A CONSEQUENCE C	OF	CONDITION GIVEN IN PAR	T 1 (a).		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS	PERFORMED?		20	AUTOPSY?
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c HOW	INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	
U			19					
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE O STREET, FACTO		21f. LOCAT STREE		CITY OR TOWN	COUNTY	STATE
MEDIC	WHILE NOT WHILE AT WORK 220 I certify that I taak charge	ge af the remains desc	FINJURY (AT HOME, DRY, FARM, ETC.)			M	and in my apinion DATE SIGNED	
Ź	WHILE AT WORK AT WORK 220 I certify that I took charged death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT)	ge af the remains descral causes \mathbb{Z} ,	FINJURY (ATHOME, DRY, FARM, ETC.) Tibed above, held an Accident . Sui	Autopsy Acide , M.D.	Inspection Hamicide , STITLE (SPECIFY) Deputy DRESS Unio	MEDICAL EXAMINER Hospital	and in my apinion DATE SIGNED El Kton	
Ź	WHILE AT WORK AT WORK 22e I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME T	ge af the remains descral causes \mathbb{Z} ,	FINJURY (ATHOME, DRY, FARM, ETC.) ribed above, held an Accident . Sui	Autapsy scide , , , , , , , , , , , , , , , , , , ,	Inspection Hamicide , STITLE (SPECIFY) Deputy DRESS Unio	Undetermined manner MEDICAL EXAMINER	and in my apinion DATE SIGNED El Kton	

Month x Carrie Grant Lance, and the desired was Take to be with the first the total above the The same in maintenance with the substitute of the same of the sam The street with the second sec The state of the s PARTY LINE Many Nather 516 Hole St. Single a X specific to print LEVEL CORT IN STREET, TO STREET, THE STREET, AND THE STREET, A Late to the second seco The same of the sa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

med al Cenerale Septicemia deek eno two years Pyeloneprhits Insnition due to severe cerebro-vascular disease Decembrate for past six years and bed fast. Dec 16

17 Dec 84

L - LOS

Wallace Obenshain, M.D.

Ec/ 10/ 34

REL TO F. B. F. S. SARREN ST. SERVICES, No. 2141 Part 2 O'REA STOCKER

FOR - STATE

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

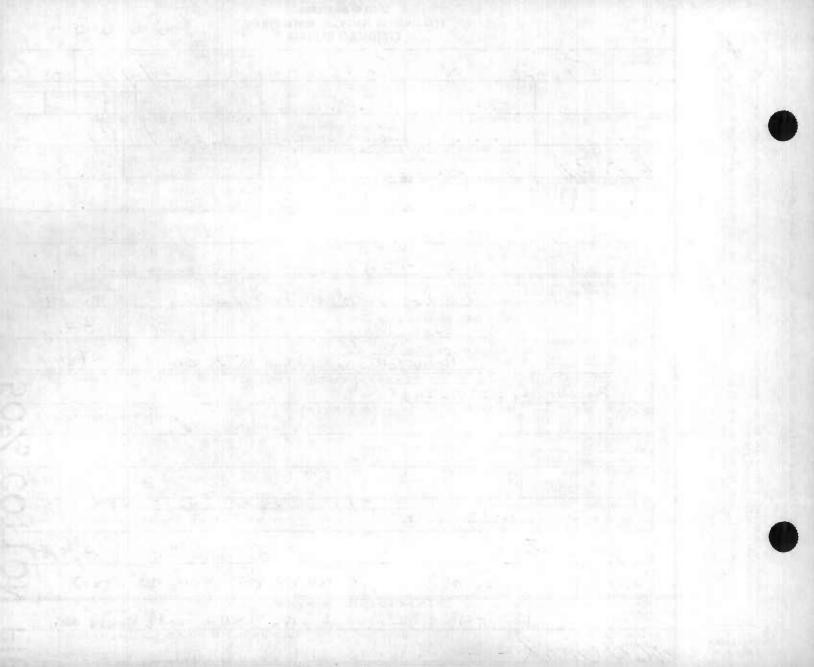
	1-	FOR STATE REGISTRAR			ICATE OF DEATH	REG. NO.	0 6
		CEASED NAME THOSE OR PRINT!	45 H	1. Cx	ANNON	12/3	84 145 M
	3. SEX	Male	White	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN 7) OUNTRY) Md.	U.S.A.	DUNTRY? 8. MARRIE WIDOWE	D LA NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1	10. CI	EIK TON	1. NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, Union Ho	L, NURSING HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Custodian	126. KIND OF BUSINESS OR
6	130 S	AL RESIDENCE (IF NURSING HOME OR O TATE 136. COUNT Md. Ceci	Y 13c. CITY	ence before admission) OR TOWN th East	YES NO X	3. STREET ADDRESS 284 Bouchell	21901
10	14. FA	Alfred "	Cann	LAST ON	15. MOTHER'S MAIDEN NAM Mary	McN	Natt
1	160 V	(AS DECEASED EVER IN U.S. ARM 65, NO OR UNKNOWN) (IF YES, GIVE	VIZZE O BO SAIN	-05-0627	Elizabeth (^284 Bou Cannon North B	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause to stating the underlying cause lost.	BY:	ONSEQUENCE OF neum	nonay Col	lapse	BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes 6 days
	TION	PART 2 OTHER SIGNIFICANT CO	LI WITH =	ILEUS	NOT RELATED TO THE TERMIN		EN IN PART IIa
2	CERTIFICATION					YES NO YES	
9	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. MJURY OCCURRED WHILE AT WORK A ON WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MO P.M. 216. PLACE OF INJUR (AT HOME STREET, FACTOR	NTH DAY YEAR	211 LOCATION STREET	D (ENTER NATURE OF INJURY IN ITEM 18, PA	RT OR PART 2}
		22e I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did nat	1213	19.84 , or		eath accurred an the date and haur	
		276. SIGNATURE	AN OR		PHYSICIAN Z	MEDICAL STAFF DIRECTOR PHYSICIAN	12/4/84
1		ROBERT P. DE		.b.	120. ADDRESS 100 BOX 415, C	ELTLION, MS.	21913
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY Burial	12-7-84		East Meth.	North East C	ecil Md. STATE
	20 00	INTERAL BUREOFRA	- 45		0/	DECID BY DECIDED IN THE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

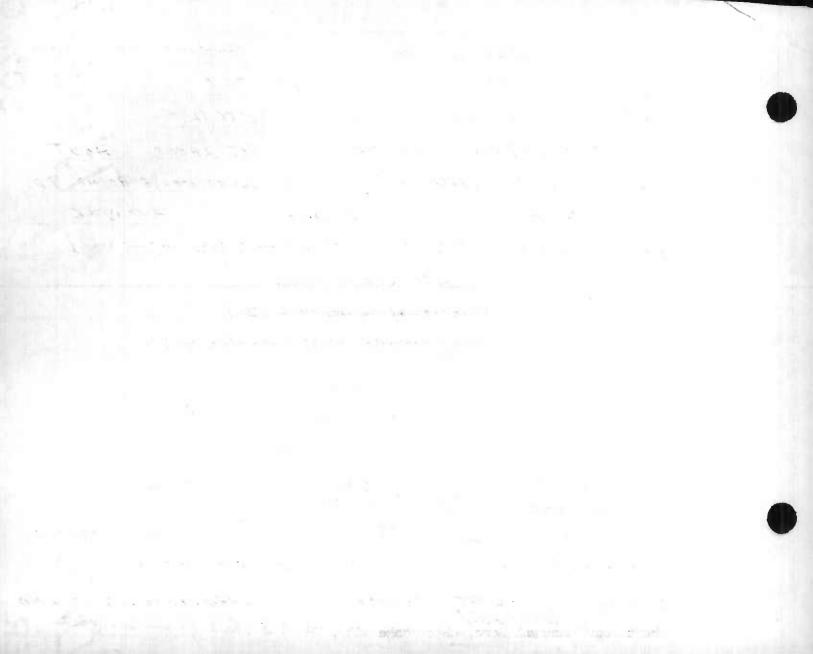
uneral Home North East

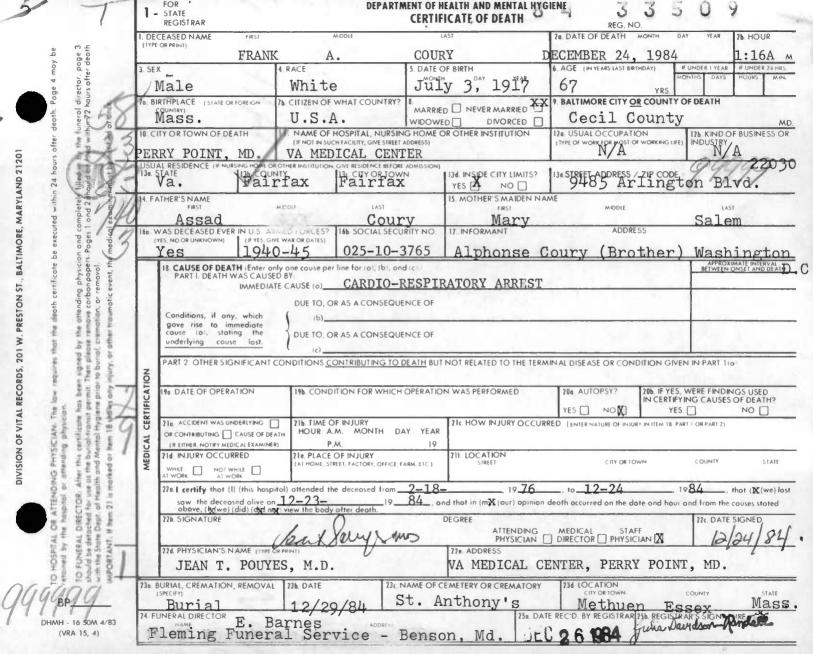
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THATH BE CHEFTENTER 11 64 1 31 E FRE WEST THE STATE OF THE STATE STATES THE STATES THE STATES BOTH STATES BOTH STATES COD CECH EXECUTE IN THE EXECUTIVE EL TO I THE TAY THE PROPERTY THE Acute coronary occlusion two hours. Ventricular fibrillation. 13 Dec 84 Wallace Obenshain, M.D . Cacilton, Nd. B. T. 10 12-15-50 35-748 The state of the s

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HE CERTIFIC	ALTH AND MENTAL HYG CATE OF DEATH	IENE S	3 3	0 8	5
	CEASED NAME FIRST	WIDDLE	LAS	31		MONTH DAY	YEAR	26 HOUR
,	L ON PRINTI	Walter F. Colem	an		December	29, 198	4	5:10P _M
3. SE	X	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS
	M	W	3	2 2 97	87	YRS.	DAIS	MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF E	DEATH	MD
10. C	ERRY POINT	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY GIVE STREET PERRY POINT	IG HOME OF		178. USUAL OCCUPATION OF WORK FOR MOST OF LAZ	F WORKING LIFE) IN	L KIND O	F BUSINESS OR
USU 13a	AL RESIDENCE LIF NURSING HOME OF STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS		OINI	19/2
14. F	ATHER'S NAME	AIDDLE LAST		EMMA	WIDDLE	BRI	5 76 A	
		RMED FORCES? 166. SOCIAL SECU	JRITY NO.	IT. INFORMANT	ADDRE	SS		
14	ES in a	11/0 00 1	495	VAMC, Peri	ry Point, M	aryland		
	PART I. DEATH WAS CAUSI	TE CAUSE (a) CATOLO DUE TO, OR AS A CONSEOU	pulmo ENCE OF	nary arrest e urinary bla	ıdder		BETWEEN	MATE INTERVAL ONSET AND DEATH
z	gove rise to immediate couse [a], stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Bone metastasis probabley secondary to (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI							,
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? YES □ NO 🐼	20b. IF YES, WE IN CERTIFYING YES		
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART I C	OR PART ?)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM ETC }	ZII LOCATION STREET	CITY OR TO	wn	OUNTY	STATE
	sow the deceased alive or	itol) ottended the deceosed from _ n		19 84 that in the land of the			from the	couses stoted
	77b. SIGNATURE	Man	mo.	EGREE ATTENDING PHYSICIAN	MEDICAL STAL DIRECTOR PHYSIC	FF _	22c. DATE	-29-84
	S. G. Belani,	M.D.		VAMC, Perry		yland		
T	BURIAL, CREMATION, REMOVAL (SPECIFY)		C-THE		23d. LOCATION CITY OR TOWN CHUSAPE		TZ. C.	ECIL MID
Ro	bert Foard Fune	eral Home, Chesap	eake (city, MAAN 3	1985. Ju	UL VIVIOSON	Rand	







DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

74	CERTIFICATE OF DEATH
death. neral and 2 death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Helen V. Duker 1 Month 2 Day 1 1984 1.00 P. I
s offer	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lift UNDER 14 HBS. lost birthdoy) Female Negro 8. AGE (In years lift UNDER 14 HBS. lost birthdoy) MONTHS DAYS HOURS MIN.
A house to thought	70. BIRTHPLACE (State or foreign Country) Del. 75. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Cecil
within tely filler ban pa	10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Union Hospt. 120. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) INDUSTRY Soup Co.,
cecuted complemants of the complement of the com	13a. USUAL RESIDENCE (Where deceosed lived if institution: Residence before admission) STATE Del. 13b. COUNTY N. C. 13c. CITY OR TOWN Pownsend 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO [] 13e. STREET AND NUMBER
an and ase rem	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Pophram Duker 16. WAS DECEASED EVER IN U.S. ARMED FORCES? I6b. SOCIAL SECURITY NO. 17. INFORMANT Address
th certificate Jing physician Then pleasi remayal, and	Yes, no, or unknown) (If yes give wor or dates of service) Marilyn Duker-Townsend, Delaware
at the dea the attenc nsit permit matian, ar	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires th Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filled with the State Dept. of Health priar ta burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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G PHYSI the hasp that this cer detache te Dept.	While Not while at wark at wark
O HOSPITAL OR ATTENDING Page 4 may be retained by to O FUNERAL DIRECTOR: After director, page 3 should be d shauld be filed with the State	220. I certify that (I) (this hospital) attended the deceased from Nov. 2 , 1984, to Nov. 25, 1984, that (I) (we) los sow the deceased alive on Nov. 25, 1984, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.
₩ ≥	226. SIGNATURE ATTENDING MED. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 22e. DATE SIGNED 102764
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE	NAME (Type) RENNETH LEWIS MIDDLE TOWN DEL. 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
1999 9 WR A15 (4) 30M REV. 1/68	REMOVAL (Specific) Dec. 1, 1984 Ebenezer Cem., Townsend, Delaware 24. FUNERAL DIRECTOR Edward MCRim. ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE CFF Funderal Director Domes 259 F MAIN St. Flat.

MARYLAND STATE DEPARTMENT OF HEALTH

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RALARECTOR NAME TOUCH Funeral Home Morth East.

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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IF UNDER 24 HRS

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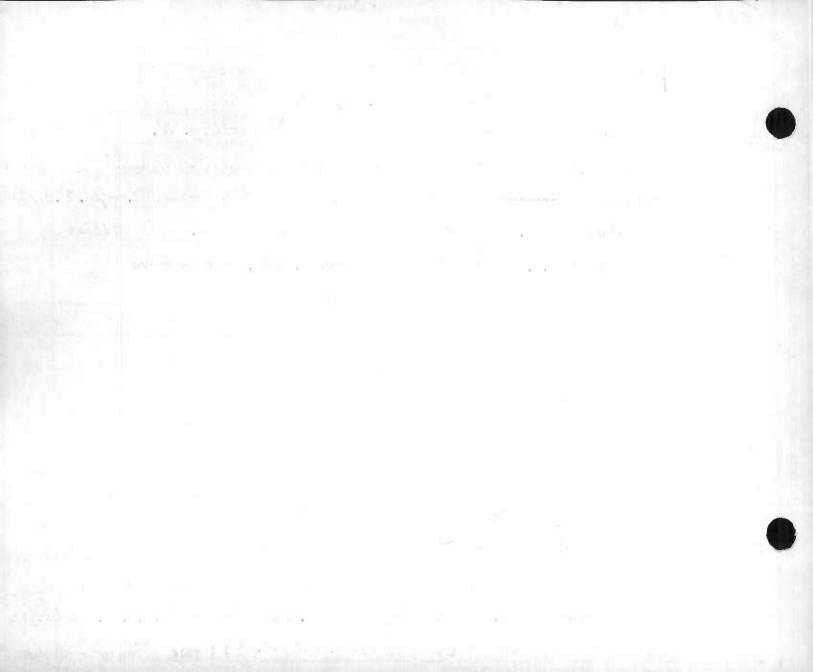
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STATE OF MARYLAND

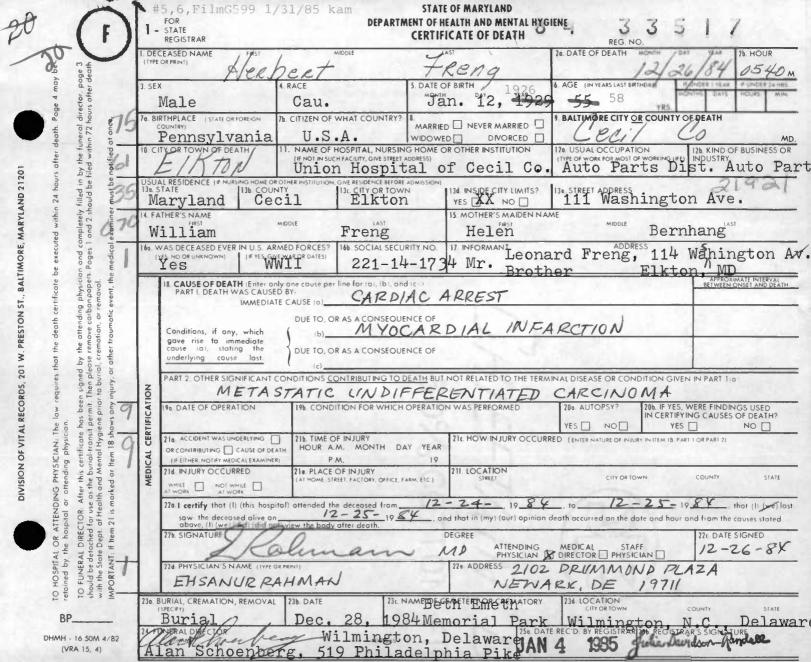


	1.	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH				
1		CEASED NAME FIRST	WIDDLE	E: LAST		DAY YEAR 26. HOUR
	3. SE	State State	A. RACE Gucasian	S. DATE OF BIRTH MONTH DAY YEAR 93	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
00		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY OR COUNTY	OF DEATH MD.
oy the fu	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
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MARYLA within mpletely ond 2 sh	14. F/	THER'S NAME FORTESTER M		is. MOTHER'S MAIDEN NA Cather	ME	Upright
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the hosp the hosp to DIRECI etached to the Dept.		22% SIGNATURE	ot yiew the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 11-30-84
O HOSPITAL etoined by to FUNERAL should be de- with the Stot		Dr. Josep	0	220 ADDRESS		
99999	23	BURIAL, CREMATION, BEMOVAL PRECIFY) BULLAL.		Riverside	Street Flk Red LOCATION CITY OF TOWN W. Norristown	county STATE PA
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ADDRES:	nd & o	5 BOL	EAR'S SIGNATURE

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		STATE REGISTRAR			C	ERTIFICATE OF DEATH	REG.	NO.	, ,	
1		CEASED NAME FIR:		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY		26. HOUR
		Lelia		Hite		ser	Dec.	16 -		11:30 ,
	3. SE.		4. RACI	ite		DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST)		UNDER I YEAR	HOURS MIN.
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80		OUNTRY)		.S.A.	٨	MARRIED NEVER MARRIED	J	<u>or</u> coom, o	, DEATH	440
8/1/	10. C	TY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL	, NURSING F	OME OR OTHER INSTITUTION	1 12a. USUAL OCCUPA			F BUSINESS OR
	R	ising Sun		2 S. Wils	SON AVE		Teacher Teacher	Ret.		School
	USU. 13a		OME OR OTHER IN COUNTY	13c. CITY	OR TOWN	13d INSIDE CITY LIMIT	S? 13. STREET ADDRESS		B. 0	1911
300	14. FA	THER'S NAME	WIDDLE		LAST	15. MOTHER'S MAIDE				
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dico.		VAS DECEASED EVER IN U	I.S. ARMED FO	DATES	IAL SECURITY			RESS		
/		No		216-	-20-131	6 Daniel Fr	aser (Husband) Same a		
		18 CAUSE OF DEATH (En	nter anly ane o	().	,	2 1	^		BETWEEN	MATE INTERVAL
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froumotie				IE TO, OR AS A CO	DNSEQUENC	OF			100	
frou		Canditians, if any, whi gave rise to immedia	ate)	(p)						
other		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								
lury, or	z	PART 2 OTHER SIGNIFIC	ANT CONDIT		ING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN	N IN PART I	o.
S	CERTIFICATION	190 DATE OF OPERATION	198	CONDITION FOR	R WHICH OPI	ration was performed	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII	NG CAUSES	IGS USED OF DEATH?
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1/		OR CONTRIBUTING CAUSE	OFDEATH	OUR A.M. MOI P.M.	NIH DAT	19				
0	MEDICAL	214 INJURY OCCURRED	1AI	PLACE OF INJUR		211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	2	AT WORK NOT WHILE					211	11	211	
A Pack		22a.1 certify that (1) (this saw the deceased all		ended the decease	ed fram	, 19	84 10 12	16 19		that (1) (we) last
#		saw the deceased at				DEGREE	inian death occurred an the	date and havi a		
m 21 is	17	above, (1) (we) (did) (ara nary view						22c. DATE	SIGNED
THE MAN CALL IS		226. SIGNATURE	Ta	ylon		MO ATTENDI		AFF ICIAN 🗌	12-	17-84
PORTANT, If New 21 is	0.00		T ON	ylor		ATTENDI	AN DIRECTOR PHYS		12-	17-84
WPGBTANT; If Nem 21 is		224 PHYSICIAN'S NAME NEIL R. BURIAL, CREMATION, REM.	(IYPE OR PRINT) Taylo		23c NAM	ATTENDIO PHYSICI. 22e ADDRESS	LIT, Md. DRY 234 LOCATION	ICIAN 🗌	12-	17-84
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WPORTANT # New 21 is		224 PHYSICIAN'S NAME NEIL R. UURIAL, CREMATION, REM. SSECERAL	(IYPE OR PRINT) Taylo	DATE -20-1984	West	ATTENDING PHYSICIA 720 ADDRESS Rising S E OF CEMETERY OR CREMATION Nottingham Ce	UT, Md.	Cecil	12-	Md.

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	ARY, COUR FONSI		ALE Negro	10 29		PRS.	THS DAYS HOURS A	PRONOUNCED DEAD		27 1984 5:45
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E, MD.	H- 322	14 FA	ATHER'S NAME FIRST WALTER	WIDDLE	CIBBS		15. MOTHER'S MAIDEN		D(w)	ENS
TIMOR	E PAGE FORM CONO	16a V	VAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURI	IY NO.	17. INFORMANT	SISTER ADDRES		City MD
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*	WITH AINE TRAP VIAL		gave rise to immediate cause (a) stating the <u>under</u>	(b)DUE TO, OR	AS A CONSEQUENCE	OF				
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/ISIO	CERTIF TING 3 SHC DEPAR DEPAR	EDIC	21d INJURY OCCURRED	21e PLACE C	FINJURY (AT HOME.	21f LC	ouse fire.			
ā	WRIT WARDI WARDI ZAZOI	*	WHILE NOT WHILE AT WORK		ouse		Ramsey Rd.,	Warwick,	Cecil	
	FICATE, SE FOR THE STATE		220 I certify that I took charge		[77]		Inspection		and in my apinia	חג
	EXAMINE CERTIFICA ULD BE FC DIRECTO WARYLAN		death resulted fram: Nature	al causes 🔲,	Accident A, Si	uicide	TITLE (SPECIFY)	Undetermined manner		
	THE CHANGE OF TH		ACTUAL SIGNATURE	20	7	^	Assistant	_MEDICAL EXAMINER	DATE SIGNED_	12-27-84
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH, THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21/201 PRIOR TO BURIAL.		EXAMINER'S NAME Ann M	I. Dixon,	M.D.		ADDRESS 111 Pen	n St., Balto.	, Md.	21201
	OF A	23a.Bl	URIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUNTY	STATE
07/84 25M	BP	24 Ft	BURIAL I	2/29/8	9 EBENE	ZER	250 DATE REC	CHES. CITY	CECIC GISTRAR'S SIGN	
	DHMH - 17 (VR A15 ME (5))	F	NAME	GE. MAI	V ST. Ce	celto	N MD JAN	4 1985 Juli	a Bavidsor	- Randelle

William Barrier School State S

1				STATE OF MARTLAND								
1	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.									
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ige 4 mo	3. SE	F	RACE B	5. DATE OF BIRTH MONTH DAY YEAR 7 22 1908	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						
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by the fi	Ë	LKtoN	11. NAME OF HOSPITAL, NURSIN	DITAL	12a. USUAL OCCUPATION (TYPE O WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY						
AND 21:	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN		YES NO [212 Charles	Street						
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TTENDIN pitol or TTOR: Af for use of Health 21 is mo	P	sow the deceased alive on	tal) attended the deceased from	4 and that in (my) (our) apinion	to 12/22.	19 4 , that (I) (we) lost r and from the causes stated						
by the hos by the hos ERAL DIREC e detoched State Dept.		226. SIGNATURE LICENTE	Ri Canay	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12/22/54						
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DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU	oltey Memori	AL Chapeladoress /	HAZ Jerseyed, "JAN LISBURY, MO.	REC'D. BY REGISTRAR 266. REGIST	RAR'S SIGNATURE						

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HICKS HOME FOR FUNERALS, ELKTON

(VRA 15, 4)

STATE OF MARYLAND

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tor, page 3		CEASED NAME CHARI	/p.	MIDDLE	6	eu b b	20. DATE OF DEATH	MONTH DAY	84 84	26. HOUR 1825 M
offer or	3. SE		4. RACE Whi	+0	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) MON	JNDER 1 YEAR	IF UNDER 24 HRS
8/	70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	y 5°, 1904 D □ NEVER MARRIED □	9 BALTIMORE CITY O	160.	DEATH	
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10 perfeed	10. 0	TY OR TOWN OF DEATH	Unic	n Hospi	tal	DR OTHER INSTITUTION	TYPE OF WORK OR MOST OF TO CUCT:	F WORKING LIFE}	Pibr	BUSINESSOR
35	13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	131. CITY OR TOWN	ADMISSION) N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 908 Brid	ige St	reet	21912
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/ medical	16a. \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	Olie Jean	ADDRE	ss Newa	rk, D ett R	el.
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Mentof Hygin 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART	OR PART 2)	
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3 3		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12-1	0-84 Che		Hill Meth	23d. LOCATION CITY OR TOWN CHAPTER		OUNTY Cec	state il Md.
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(VRA 15, 4)

Hardesty Funeral home



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR TYPE OR PRINTS OF ESTI-DEATH MATED -Richard Randall Hampton 1984 SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 26:45 LAST BIRTHDAY) PRONOUNCED TO THE FUNERAL DIN PAGE 5 FOR YOUR TEFILED, WITHIN Male March 5, 1965 White 19 DEAD AM 12/21/ 19 84 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Mary land HSA WIDOWED DIVORCED Cecil County 120. USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY IA-CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2, AND 3. RETAIN PA 2 SHOULD BE F C&D Canal Bridge of Biddle St. Assembly Line Chrysler Corp. Chesapeake City USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Maryland Cec il Elkton 102 Milestone Road 21921 YES X NO 2 S 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2 MATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MITH BALTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MITH ABLITH MONEY. MIDDLE LAST Richard Hampton Lora M. Hall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-88-8911 No Mr. Richard Hampton, Elkton, Md. 21921 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5:30 AM 12/21 84 subject jumped from bridge 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK bridge C.&D Canal Bridge, Chesapeake City, Md. 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Suicide X death resulted fram Hamicide Natural causes Accident Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER DATE 12/21/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATOR 23d LOCATION COUNTY STATE Cratin & Ferris Crematory, West Chester, Pa Cremation 12-22-84 07/84 25M 24 FUNERALDIRECTOR **DHMH - 17** forFUNERALS, ELKTON, (VR A15 ME (5))

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Patterson & Son, Perryville, Md.

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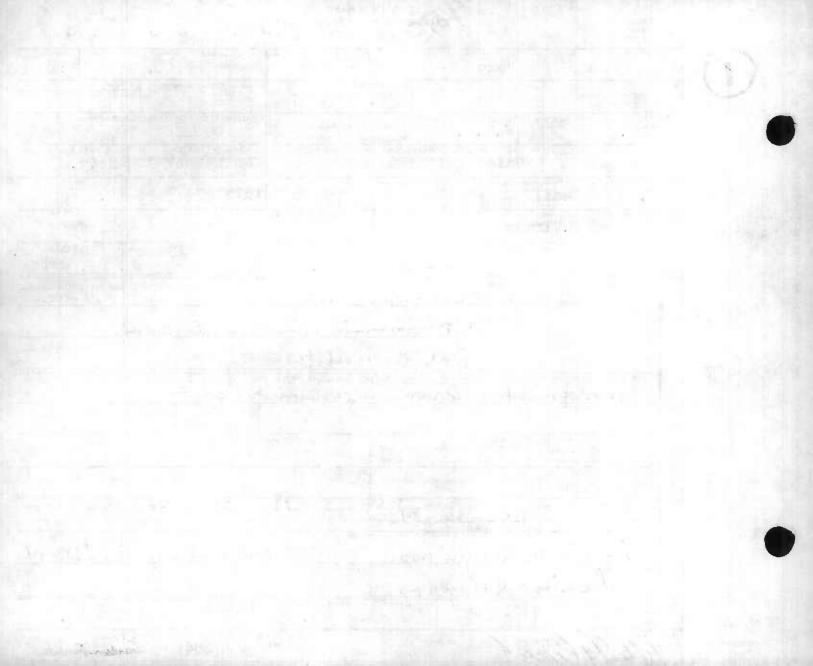
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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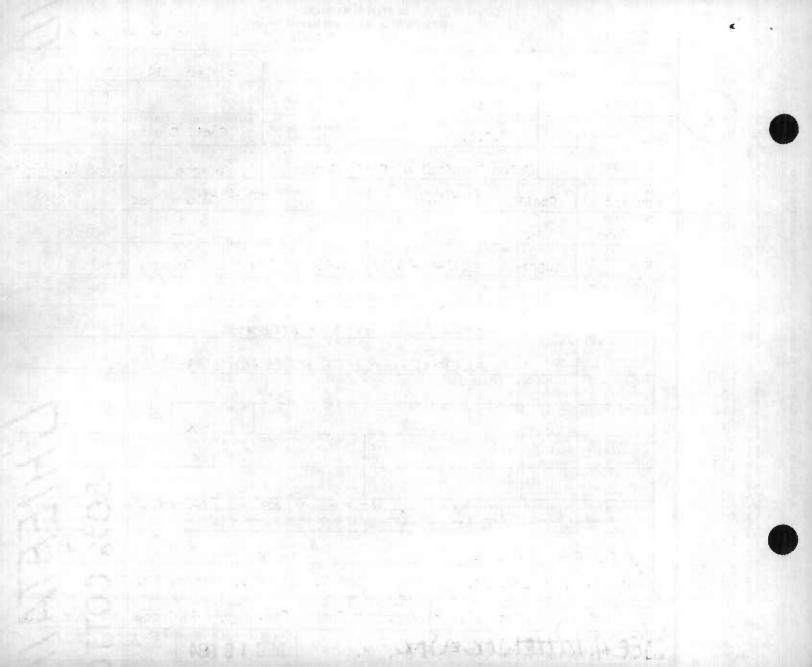
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 12-22-84 Sabrina L. Lockard 4 RACE 6. AGE (IN YEARS LAST BIRTHOAY) 3 SEX 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS HOURS 183 Female 12 days White TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED COUNTRY) Cecil U.S.A. WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Elkton Union Hospital USUAL RESIDENCE (IF NURSING NOT DITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. Orth Fast 13e. STREET ADDRESS North East 13d INSIDE CITY LIMITS? 98 Lockard La. YES 🗀 NO X IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME James W. Lockard Linda D. Mischler 98ADESchard IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT NE NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST None James Lockard North East Bast, Md 18 CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ardio tempiralo IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION l'omenings cel 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTE YES T NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò CITY OR TOWN COUNTY STREET AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE 220 1 certify that (1) Ithis hospital) attended the deceased from. saw the deceased alive an abave (1) we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 220 DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL FUNERAL DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME [TYPE OR PRINT] 22e ADDRESS should be 0 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 12-24-84 North East Meth. North East Cecil Md. ness North East 0 24 FUNERAL DIRE (1986) U.C.h. DHMH - 16 50M 4/B2 (VRA 15, 4)

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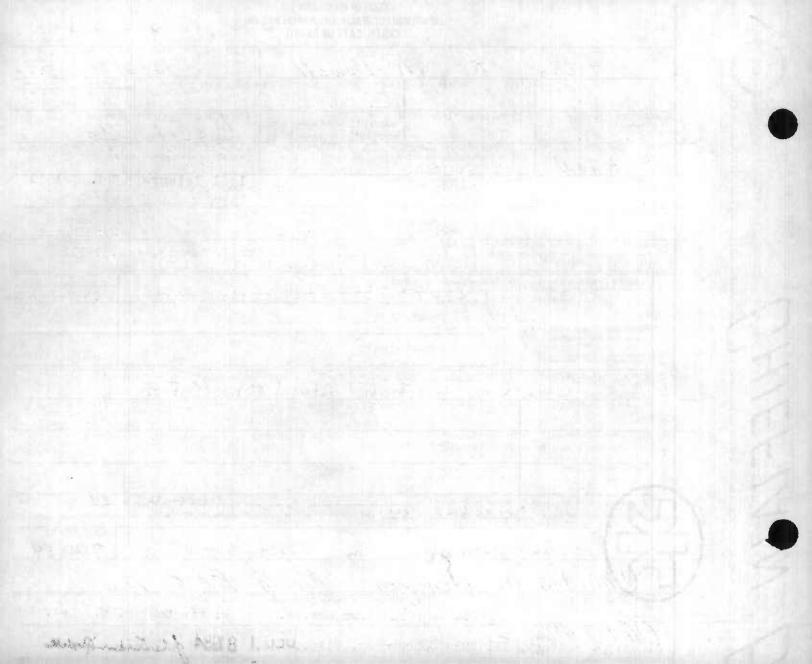
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STATE OF MARYLAND



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINTS REDA AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH MONTH DAY Female White 1901 83 Oct. 30. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED IJSA Wilm., Del. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Union Hospital Housewife 130 STREET ADDRESS 130. STATE 113b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Ceci1 NOT Calvert Manor Nursing Home Md. Rising Sun YES | 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Hazelhurst Walter Keen Louisa 166. SOCIAL SECURITY NO 151 Capitol Trail, Newark, Del. 19711 ADDRES 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 222 07 2014D No Edythe L. Lumb (Daughter) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: (Septic Shock) IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOF YES T NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE December 610 84 22a.1 certify that (1) (this hospital) attended the deceased from_ . 19. saw the deceased alive an DRC embers 5 19 8 4, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. DEGREE 27h SIGNATURE ATTENDING MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Wilmington, N. C., Del. STAT 12/10/84 Gracelawn Mem. Pk. Burra 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 McCrery, III 3924 Concord Pk., Wilm. , Util 1 8 884 Selia Swiden (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR December 24. TYPE OR PRINTI 1984 McGonigal Rena L. 7:00P M 5. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4. RACE 91 August4°. 1893 White Female 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED U.S.A. Maryland Cecil County WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR Devine Haven Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton House Wife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Cecil 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland 150 East Main St 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Todd Fletcher Frank Madalene ADDRESS Walnut 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OF UNKNOWN) (IF YES. GIVE WAR OR DATES) Elkton Maryland Mrs. Katherine George APPROXIMATE INTERVAL 8. CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOI NO [YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 19 THE INJURY OCCURRED 21a. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, PACTORY OFFICE FARM ETC.) AT WORK IIs I certify that (1) (this haspital) attended the deceased from sow the descried plive on obove. (In wyf (d-d) (did not) view the body offer di and that intrivial lauri opinion death occurred on the date and hour and from the causes stated 17h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 220 ADDRESS 22d PHYSICIAN'S MAME LIVE OR ld b Bridge Street Elkton Maryland Lanzi Joseph)G. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURJAL CREMATION, REMOVAL 236. DATE Harford CITY OF TOWN Burial Angel Hill Grace BP. Havre de 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)

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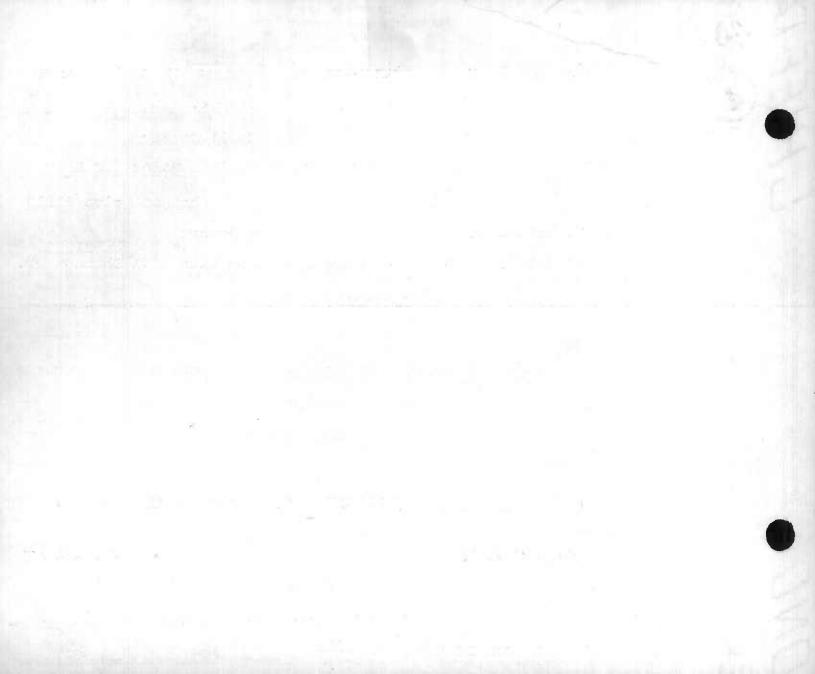
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.			-	-

		REGISTRAR						REG.	NO.			
		CEASED NAME FIRST		WIDDLE	t.	AST .		20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOU	JR
		MOULTR	IE	M		AUGHLIN	JR	DECEMBER	21	1984		0P M
	1. 5E)	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS	R 24 HRS
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d		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D XXVEVER N	ARRIED 🗆	9. BALTIMORE CITY	OR COU	NTY OF DEATH		
	Ge	eorgia		USA	WIDOWE	_	ORCED	Cecil C	ount	У		MD.
1	V	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET		OR OTHER INST	TUTION	12a USUAL OCCUPA		12b. KIND (OF BUSIN	ESS OR
7	Pe	erry Point		ICAL CENT		RRY POI	NT, MD	Retired	Maj	or US	Army	7
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4		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), on	d (c).)					BETWEEN	MATE INTE	RVAL
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П	- 1	underlying cause last.	1000,0	K AS A CONSCOOL	IACE OF							
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-	CERTIFICATION	190. DATE OF OPERATION	TIN COND	ITION FOR WHICH	OPERATIO	NI WAS DEDECT	MAED	20a AUTOPSY?	20h IE	YES, WERE FINDI	ICC HEE	
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91		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS						/
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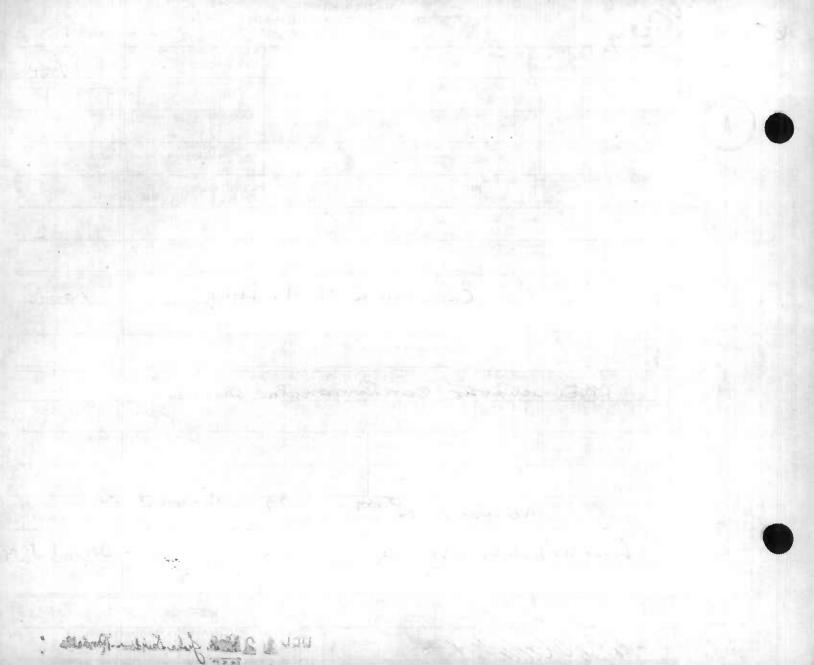
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STATE OF MARYLAND



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AND 3	13a S	TATE 13b	COUNTY	13c. CITY OR TOWN Elkton	SION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 322 Nort	h Street 2/92/
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L EXAMINER. T CCRITICATE CCRITICATE COULD BE FORW IL DIRECTOR. P H. WITH THE ST MARYLAND, 213	7 100	death resulted fram:		-		nsy , Inspection , Hamicide ,	Undetermined manner ,	DATE 12-21-84
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525544							23d. LOCATION CITY OR TOWN	COUNTY STATE
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	TO MEDICAL EXAMINER. THIS CETTFICATE S EXECUTE THE CERTFICATE, WRITING THE WOO PAGE A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIES DEATH WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PREDRICE BUILD.	TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE RACE & SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR HOUSE ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR HOUSE ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR HOUSE ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR HOUSE ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR HOUSE ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR HOUSE ALONG WITH ALONG PROPERTY AND MEMBER ALONG WITH FORM PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF HEALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF HEALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER HOUSENE. DIVISION OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER STREET OF VIEW PM. 3. RECORDS AD W. REESTER STREET A THE STATE DEPARTMENT OF REALTH AND MEMBER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. RECORDS AD W. RESTER STREET OF VIEW PM. 3. REALTH AND W. RESTER STREET OF VIEW PM. 3. REMOVED TO W. REALTH AND W. RESTER STREET OR	1. DECEASED NAME (TYPE OR PRINT) 4. RACE Whi BIRTHPLACE (STATE OR FOREIGN COUNTRY) MATYLAND 10. CITY OR TOWN OF DEATH LATRY 13a STATE HATY 16a. WAS DECEASED EVER IN U (YES, NO. OR UNKNOWN) 17 CONDITION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21a EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING OR CONTRIBUTION CAUSE OF DEATH C	The state registrar in the state of the stat	DEPARTMENT OF MEDICAL EXAMINE 1. STATE REGISTRAR 1. DECEASED NAME (PRST MODIE MO	FOR DEPARTMENT OF HEALT MEDICAL EXAMINER'S REGISTRAR REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 1. SER	MEDICAL EXAMINER'S CERTIFICATE O LOCE ASSED NAME RACE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR TO DATE REGISTRAR TO DA

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) NICHOLS DECEMBER 14, 1984 12:30 am TRVEN AMOS 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX CAUC. FEB. 15 AY 1918AR MALE 66 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DARLINGTON. MD CECIL U.S.A. WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (0) UNION HOSPITAL OF CECIL CO. STATE ROADS STATE OF MD ELKTON WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 28 FAIRFIELD AVE. HACKS POINT MARYLAND CECIL EARLEVILLE NOA 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LULA BERDINE NICHOLAS COLLINS EZEKTEL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-14-9928 ELIZABETH M. NICHOOS wife same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO obstinctive lung disease Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOA YES [NO IT 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10-13 22a 1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on. obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS IMPORT. CECIL-KENT HEALTH SERVICES, CECILTON, MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIF BURIAL EARTEVILLE, CECIL" MARYLAND 12/17/84 JOHNTOWN CEMETERY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 FELTOWS F. H. 226 E. MAIN ST. CECILTON, MD 219137FC (VRA 15, 4)

19, 191 THE RESERVE STREET The man was a Market of the property of DELLEY TO THE COURT OF THE COUR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26. HOUR 20 DATE OF DEATH DECEASED NAME Ralph LTYPE OR PRINTS Edward 12-9:10 AM IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 1954 Sept. Whi te Male 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED N. J. U.S.A. Cecil DIVORCED TO WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton Union Hosp. Labor Ret. USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Cecil 133 Basin Run Rd LIG. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md Conowinoo XXON 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unk. link. link. link. link. link 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 219-18-0171 Edward Nichols (Son) Same as above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY EPTIC SMOCK IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF PIERITUNITI Canditions, if ony, which gove rise to immediate cause (a), stating DUF TO OR AS A CONSEQUENCE OF underlying cause DAGUMONIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO I 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ 30 19 8 4 ... and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated sow the deceased olive on_ obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS d b GARY A. BESTE 132 W. MAIN ST NEWACK ŧ 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Jan. 2,1985 Calvry Baptist Cem. Cecil Rising Sun Md. -ert 111 THE ACCRECTOR DATE REC DHMH - 16 50M 4/82 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

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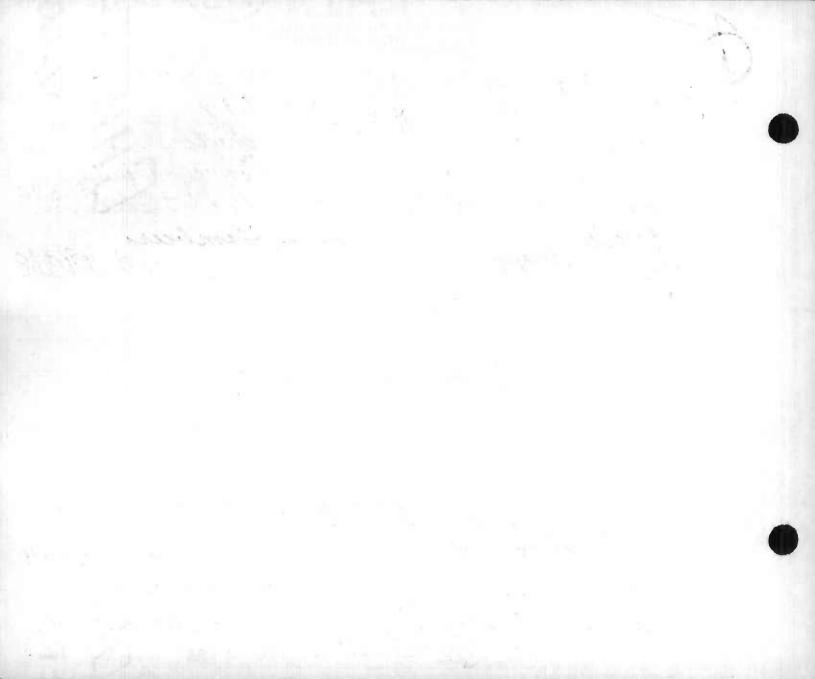
DHMH - 16 50M 4/83

(VRA 15, 4)

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for FUNERALS, ELKTON, MD. 21921

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OR ATTENDING PHYSICIAN: The

TO HOSPITAL

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova IMPORTANT; If them 21 is marked or them 18 showing injury, or other traumantic event, it

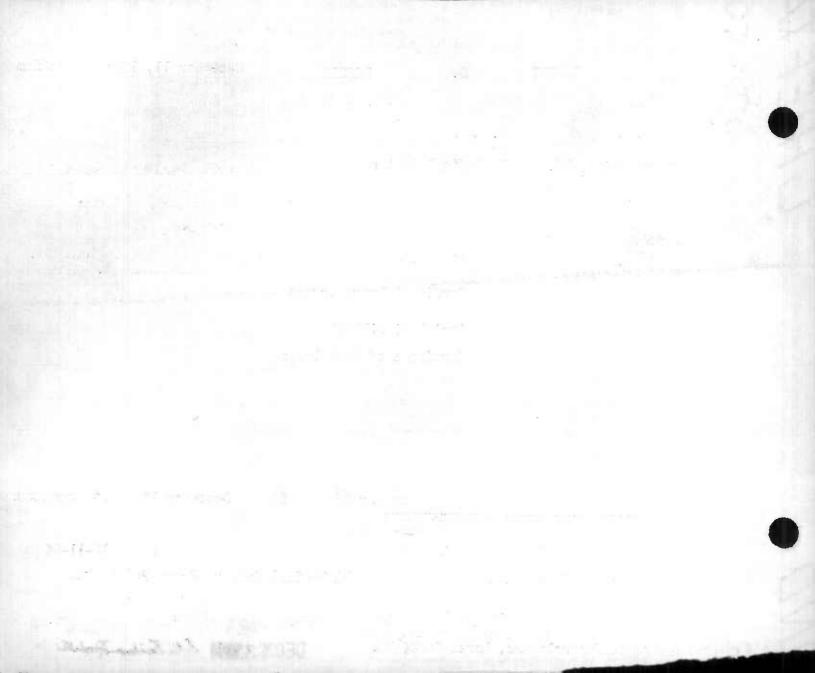
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	3. SEX	X		4 RACE		5. DATE C		6. AGE IN YEARS LAST BE	THDAY)	MONTHS DAYS	HOURS MIN.
1		Male		White		Oct.	4 1916	68	YRS		
A		RTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D DENEVER MARRIED	9. BALTIMORE CITY	R COUN	TY OF DEATH	
		N.Y.		U.S		WIDOWE	DIVORCED	Cecil		4.289	MD
d	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
7	Per	rry Point	t, Md.	VÄ	Medical C	enter			orke		hool
>	USUA 13a S	AL RESIDENCE (IF)	13b. CQUI		13t. CITY OR TOW ELKTOI	N	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS 649 Not	/ ZIP CO	DE ham Rd	2192
Ö	14 FA	ATHER'S NAME FIRST	Unk	MIDDLE NOWN	LAST		15. MOTHER'S MAIDEN NA	ME Unkno	wn	LA	ST
П	16a W	VAS DECEASED E	VER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS NI ~	ttingh	om DA
	W	W I I]	E WAR OR DATES	110-22-	2649	Margaret 1	Reekie Fi	7 100	COTUBIL	21021
		18 CAUSE OF DI	EATH (Enter or	nly one couse per	line for (a), (b), and				~ ~~~	AFPRO) BETWEEN	ONSET AND DEATH
		PART I. DE AT	H WAS CAUSE	TE CAUSE (0)	Cardiop	ulmon	ary arrest				
					R AS A CONSEQUE	NICE OF					
		Conditions, if	any which	DUE 10, O	Atrial		llation			3 > 2	
		gove rise to	immediate) (b)			TIACION.				
		couse (o), st underlying co	toting the suse lost.	DUE TO, O	R AS A CONSEQUE	ma of	both lungs				
				(c)							
	Z	PART Z OTHER	SIGNIFICANI	CONDITIONS C	ONTRIBUTING TO L	SEATH BUT	NOT RELATED TO THE TERM	VIN AL DISEASE OR COR	DITION	SIVEN IN PART I	.0
1	CERTIFICATION	190 DATE OF OPE	RATION	196, COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF Y	ES, WERE FIND	INGS USED
1	FIC							YES TI NOXT		TIFYING CAUSES	S OF DEATH?
4	ERT	21a. ACCIDENT WAS	UNDERLYING F	7 21b, TIME C	OF IN IURY		21c HOW INJURY OCCUR		1		140
		OR CONTRIBUTING		1 110110 4	M. MONTH DA	AY YEAR		The state of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ō.	(IF EITHER, NOTIFY			M.	19	711 LOCATION				
	MEDICAL	21d. INJURY OCC			OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR I	NWC	COUNTY	STATE
			T WHILE			otobo	r 26 10 84	to Decemb	N 11	10 84	~~~~~~
		22a I certify tho	t (1) (this hosp	ital) attended th	e deceased from C	CLUDE	nd that in (my) (our) opinion			. 17	iket (ii (we) ke
		XXXXXX	<u> </u>	View the body	offer deoth.			deom occurred on the c	ore ond n		
		226. SIGNATURE	r.V.n	Der	1119	7	DEGREE ATTENDING	MEDICAL STA	FF		SIGNED
			uca	r an	N W C		PHYSICIAN [DIRECTOR PHYS		12-	11-84
		JULIA	N OCEJO				VA Medical	Center, Pe	rry P	Point, M	d.
Π	23o B	BURIAL, CREMATIO	ON, REMOVAL	23b. DATE	23€. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	(Buria	L	12-1	4-84 2	ũaħ+.	ico Natl.	Quantic	0	COUNTY	Va.
	24 FL	UNERAL DIRECTO	R	1.115/11	11/10	-	250 DAT	TE REC'D. BY REGISTRAL	25b. REG	ISTRAR'S SIGNA	
		Crouch Fi	unerate	Home. N	orth tast	Md/	UEDA	12700 4	LE	the Do	lette "
						- /	1.55 1.6	THE PERSON NAMED IN	THE PERSON NAMED IN		-



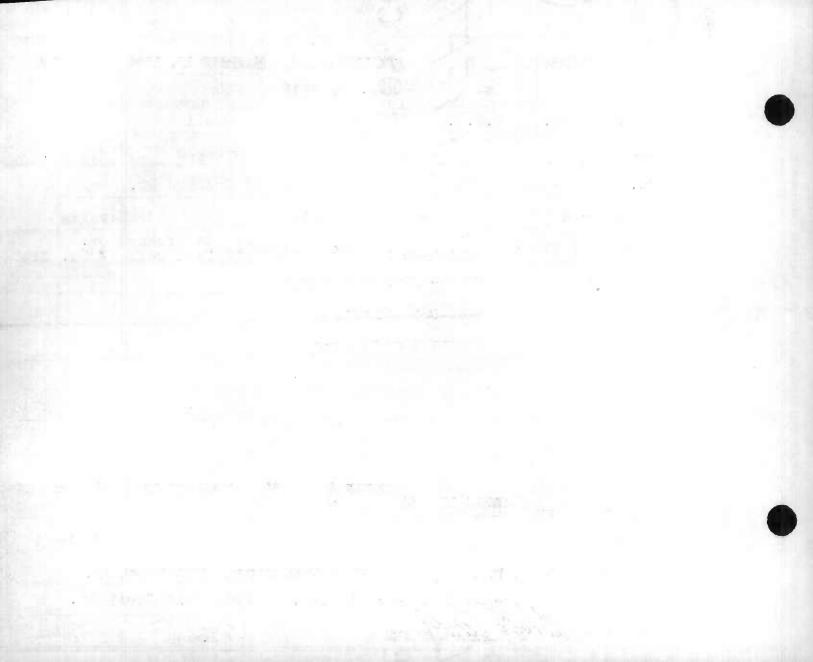
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

REGISTRAR



may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CEKTIFI	CATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST	N	AIDDIE	LA	IST	20. DATE OF D	EATH MON	ITH C	DAY YEAR	26. HOUR
		Edna		М.	Si	mpers,	Dec. 2	0, 19	84		11:45
3. SEX	X		4 RACE		5. DATE O		6. AGE (IN YEAR	S LAST BIRTHDA		IF UNDER I YEA	
	Female		Whi	te	Jan.	10 1000	84		YRS.	JAI.	, nooks
	RTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	В	NEVER MARRIED	9 BALTIMORE	CITY OR CO		OF DEATH	
-	Cecil Co.	БМ	U.S.		WIDOWE			Cecil			
100	ITY OR TOWN OF		11. NAME OF H	H FACILITY, GIVE STREET	IG HOME O	R OTHER INSTITUTION	17a USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WO	ORKING LIFE		OF BUSINESS
	Rising Su			t Manor I		ng Home, Inc.	Hous	ewife			
13a S	Md.	13b COUN Cec	TY	13c. CITY OR TOW Elkton		YES X NO [13e STREET AD 102 1 Li				192
14 FA	ATHER'S NAME	A	AIDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE			AST
1	James		T.	Miller		Mary		len		VanPe	
	VAS DECEASED E		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			Eac		21901
{Y	YES, NO OR UNKNOWN	I) (IF YES, GIVE	WAR OR DATES)	212-48-63	217	Mildred Tull	68 Sus	MOL UI	nnoc	k Pluc	. ZIJUI
		EATH (Enter pol	V DDO COURS DON	line for (a), (b), and		Miliarea Tarr	00 000	gacria			XIMATE INTERVA
	PART I. DEAT	H WAS CAUSED	BY: E CAUSE (o)	Canabr	0-01A	asculor A	- 2.00	4		1	house
	Conditions, if gove rise to couse (0), s underlying co	immediate toting the	(b)	R AS A CONSEQUE	ence of	novon					yend
CATION	gove rise to couse (0), s underlying co	immediate toting the buse last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DR CONDITION OF THE STATE OF TH	b. IF YES	, WERE FIND	INGS USED
TIFICATION	gove rise to couse (0), s underlying co	immediate toting the buse last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE C	DR CONDITION OF THE STATE OF TH	L IF YES	, WERE FIND	INGS USED
CAL CERTIFICATION	gove rise to couse (0), s underlying countrying countrying country in the country in the country was or contributing	immediate toting the pause lost. SIGNIFICANT CERATION	DUE TO, OF (c) ONDITIONS CO	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ENCE OF DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE C	DR CONDITION 5Y? 200 IN	L IF YES CERTIF	, WERE FIND YING CAUSE	PINGS USED S OF DEATH
MEDICAL CERTIFICATION	gove rise to couse (o), sunderlying countrying countryi	immediate toting the passe lost. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER!	DUE TO, OF	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPS YES NATUR	DR CONDITION 5Y? 200 IN	L IF YES CERTIF	, WERE FIND YING CAUSE	PINGS USED S OF DEATH
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	gove rise to couse (0), s underlying countrying countrying countrying countrying country 21d. ACCIDENT WALLOW CONTRIBUTING LIFETHER NOTHY 21d. INJURY OCCUMPLIE ALLOW A 270.1 certify the sow the dec	immediate totaling the base lost. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER; TUNDER I WORK I (I) (this hospit ceosed alive on ce) (did) (dd not cotal not cotal not ceosed of the not ceosed of the not ceosed of the not cotal not ceosed of the not cotal not co	DUE TO, OF (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME, STR	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EEI, FACTORY, OFFICE, F e deceosed from 2019	OPERATION AY YEAR 19 ARM ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21l LOCATION STREET 19 7 d that in (my) (our) opinion DEGREE ATTENDING	700 AUTOPS YES NEED (ENTERNATUR deoth occurred of	DR CONDITION SY? 20 IN THE OF INJURY IN THY OR TOWN On the date of	L IF YES CERTIF' YES	COUNTY	NO SIA
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DHMH - 16 50M 4/83 (VRA 15, 4)

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Crouch Fundral Home North East, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and computers should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. MAPORTANT: If them 21 is marked at them 18 shaws any injury, at ather troumatic event, the medical buriant.

attending physicio

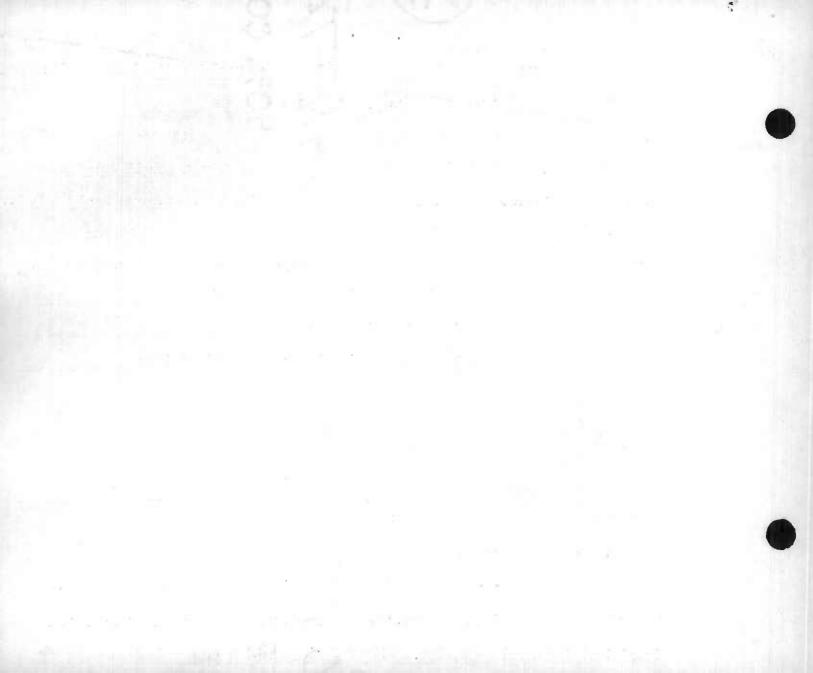
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			DEPARTN	CERTIF	EALTH AND A	EATH		3 3 G. NO.	5 4	3
Ì	1. DECEASED NAME	FIRST	MIDD	LE	l	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
ı	(TYPE OR PRINT)	MERRILL			T	DWNSEND		Decemb	er 11,	1984	12:05 pm
1	3. SEX	4. RA			5. DATE C			6 AGE IN YEARS LA	ST BIRTHDAY)	# UNDER 1 YEAR	
J	Male	7	White		Aug.	12	1896	88	YRS	MONTHS DAYS	HOURS MIN.
A	70 BIRTHPLACE (STATE OR	FOREIGN 7b. CI	TIZEN OF WH	AT COUNTRY?				9. BALTIMORE CI			
4	Ohio		USA			NEVER A		Cod	cil Co	211n+11	440
7	CITY OR TOWN OF DEA	ATH 11. N		PITAL, NURSIN	WIDOWE G HOME C		ORCED	12a USUAL OCCU			OF BUSINESS OR
1	Perry Point	, Md V	A Medi	cal Cent	ter			ITYPE OF WORK FOR M		GEIFE) INDUSTRY	
5	JSUAL RESIDENCE (IF NUR 30. STATE Md.	Mon	1130	E RESIDENCE BEFORE CITY OR TOW S.S.		13d INSIDE C	NO 🗌	3589 S.		ire Wor	la Blvd
	FATHER'S NAME FIRST UNK	MIDDLE		UNK			MAIDEN NAM	MIDI	ÆÉ	Pos	AST S.E.
	16a WAS DECEASED EVER			SOCIAL SECU	RITY NO.	17 INFORMA	NT	A	DDRESS		
4	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR		220-42-	3825	Lvda	Mae T	ownsend	(Wife) Same	as 13E
	Canditions, if any gave rise to improve the improvement to the improvement	, which nediate ng the lost.	USE (o) DUE TO, OR A (b) DUE TO, OR A	s a conseque Right p s a conseque Bronchol	NCE OF leura NCE OF Oneum	l effus onia, l	ion ower lo	xtensive		g	IXIMATE INTERVAL H OMSET AND DEATH
	PART 2. OTHER SIG		ITIONS CONT	IRIBUTING TO L	DEATH BUT	NOT RELATED	TO THE TERMI				
	190 DATE OF OPERA	TION	% CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES (NO	IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
7	21g. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	1b. TIME OF IN HOUR A.M. P.M.	MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART 2)	
	OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WIND AT WORK AT WORK	THE [Te. PLACE OF AT HOME, STREET,	INJURY FACTORY, OFFICE, F	ARM, ETC)	211. LOCATIO	N	City	ORTOWN	COUNTY	STATE
	220.1 certify that X	(this hospital) a	ttended the d	eceased from	June XXX ••	15 nd that in (my)	, 19 <u>84</u> (our) apinion d	—, to Decem leath occurred on t	ber 11 he date and		. Not XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	22b. SIGNATURE	mu,	Sues	-		DEGREE A	TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	22c. DAT	12-84
	LOUISE	SULTAN,				22e ADDRES		Center,	Perry	Point,	Md.
	23a BURIAL, CREMATION,	REMOVAL 238	DATE	23c N	AME OF C	EMETERY OR O	REMATORY	23d. LOCATION		COUNTY	STATE
	Burial	1	2/14/8	84 P	arkla	awn Ce	meter			Mont.	Md.
	24 FUNERAL DIRECTOR							REC'D. BY REGIS			
	Hines/Rinal	di Funer	al Hom	e. Inc.	, Sil	ver Spr	ing DME	.1 2 ma	Lulia	Saidson-	Pandelle ;

DHMH - 16 50M 4/83 (VRA 15, 4)

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+	FOR STATE REGISTRAR		DEP	STATE OF MARYLA ARTMENT OF HEALTH AND N CERTIFICATE OF D
	I DECEASED NAME	FIRST	MIDDLE	LAST

CERTIFICATION

PREM

3. SEX

ND

FOR - STATE REGISTRAR			DEPARTA		ICATE OF DEATH	IENE REG. NO	3 3	4 5
ECEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
PE OR PRINT)	MICHAI	EL	bseph	VICA	RI ,Sr.	DECEMBER 1	8, 1984	7:10P M
EX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		R I YEAR IF UNDER 24 HRS
Male		White		June		96	YRS.	DAYS HOURS MIN.
IRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O		ATH
erry Point		VA MED	HOSPITAL, NURSIN HEACILITY, GIVE STREET I CAL CENT	G HOME C	OR OTHER INSTITUTION RRY POINT MD	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired	ON 12b	KIND OF BUSINESS OR
JAL RESIDENCE (# N STATE Aryland	ursing frome or USD COUN Hari	11A	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Aberdeen	N	13d INSIDE CITY LIMITS? YES NO	326 Gracef	ZIP CODE ord Driv	e/21001
Michael		MIDDLE .	Vicari		15. MOTHER'S MAIDEN NAME FIRST ROSE	ME	Ger	raci (Jackson
WAS DECEASED EV LYES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SECU 219 01	2880	17. INFORMANT June Sassama	n,326 Grace	SS	21001
Canditions, if a gove rise to cause (a), sta underlying ca	immediate	(p)_	RAS A CONSEQUE CONGESTIVI RAS A CONSEQUE		ART FAILURE			- 19 p
PART 2 OTHER S	IGNIFICANT (CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART Ita
190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?
21a. ACCIDENT WAS	UNDERLYING [21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NO	YES THE PART I OR	PART 2)
OR CONTRIBUTING			M. MONTH DA	YEAR				
	WHILE WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TO	NN CO	UNIY STATE
saw the dece	ased alive an	tal) ottended the DECEMB	ER 18 19	MARCH 84	nd that in (my) (aur) apinian	, ta <u>DECEMBE</u> death occurred an the do	17	, that (IXXe) last
22b. SIGNATURE	PA	em	Hal	7 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	c. DATE SIGNED
224 PHYSICIAN'S	NAME (TYPE C	OR PRINT)	1	-	22e ADDRESS			

prior fronsit p TO FUNERAL DIRECTOR: should be detached for with the State Dept. of BP

80

MPORTANT: If hem 21 is marked or

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial

LAL

23c NAME OF CEMETERY OR CREMATORY Harford Mem. Gdns.

23d LOCATION

VA MEDICAL CENTER PERRY POINT, MD

CITY OR TOWN Aberdeen.

Harford, Maryland BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250 DATE REC'D

24 FUNERAL DIRECTOR 21001-3399 TARRING FUNERAL

Selection was great the later of the same of the s Self Interest such as a series with the contract of the cont

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR TYPE OF PRINTI 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR Ma 1e White MONTH 1911 28 73 Mar. TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wilkes-Barre, Pa. U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Union Hospital of Cecil County Owner - Variety Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 412 Lock Street 21915 Ceci1 Ches.City Mary land YES X 15 MOTHER'S MAIDEN NAME 14 EATHER'S NAME MIDDLE MIDDLE Eshmond AST Catherine Waszkiewicz Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Frank E. Waszkiewicz, Ches. City, Md. 21915 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 165-10-7379 No BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c). PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARATIO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES T 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 19 84 saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death, DEGREF 12/6/84 ATTENDING MEDICAL STAFF Should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TTYPE OF PRIN 22e ADDRESS BOX 415 LECTLTON, Md. 21913 OISTIN 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Buria1 Holy Sepulchre Cemetery, Philadelphia, Mont. Par. 12-11-84 BP 24 FUNERAL DAR CLOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CONCLUS. DHMH - 16 50M 4/82 FUNERALS, ELKTON, MD. 21921 (VRA 15, 4)

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12-10-84

COUR, CAMD OFO

Spicer-Mullikin F. Ha

WILMING

MIDDLE

- STATE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20. DATE OF DEATH MONTH 2b. HOUR December 4. 1984 1:00 P M 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Cecil 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Hotel Proprietor 13e STREET ADDRESS / ZIP CODE 314 Shipley RD. Bryan ADDRESS Craig Morton, Attorney, Elkton, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 8 4, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN New Castle County, Del. STATE Gracelawn Mem. Park

DHAMH - TA ARM 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	REGISTRAR		C	ERTIF	ICATE OF DEATH	REG. NO).	4 -1	9	
1	I. DECEASED NAME FIRST	MIDO	DLE	L	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	_
ı	(TYPE OR PRINT) John R	. Willsey				December	7, 19	84	405 P	M
	3. SEX	4 RACE	5.	DATEO		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	_
1	Male	Caucasi	an	6	14 05	79	YRS.	ONTHS DAYS	HOURS MIN	
1	Ta. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY? 8		77	9. BALTIMORE CITY OF		OF DEATH		_
	New York	USA		MARRIE) C INEVER MARKED =	Cecil			A	ND.
	10. CITY OR TOWN OF DEATH		SPITAL, NURSING I	HOME C		12ª USUAL OCCUPATIO			BUSINESSO	_
1	Perry Point	Veteran	S Hospita	a 1		Professor	WORKING LIFE	Colle	2.0	
1	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIV	E RESIDENCE BEFORE AD				710 0005	W	KILIG	1
5	Virginia Fair		McLean			6251 Old Do		n Driv	1256	
ģ	14 FATHER'S NAME				15. MOTHER'S MAIDEN NAM	ιE	<i>J</i> III. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			_
1	JoCorry	MIDDLE	Willsev		Anna Granv	MODIE		Grani	ville	
2	16a WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16	SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRE	SS	Gran	TTTE	
)	Yes WWI	T 2	25 36 028	30	VAMC, Perry	Point, Mar	vland			
			e far (a). (be and (c	5)					MATE INTERVAL	=
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	TOP THE DESIGN								
	IMMEDIA									_
	Canditions, if any which	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DE								
	gave rise to immediate cause (a), stating the	16)		25.05						
	underlying cause last.	DUE TO, OR A	s a consequenc	LE OF						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	OITION GIVE	EN IN PART 110		=
	N O									
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN		
	Ĭ.					YES NO		S X	NO [
	210. ACCIDENT WAS UNDERLYING		MONTH DAY	YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		_
	OR CONTRIBUTING CAUSE OF DE	AIR	MOINT DAT	19						
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, FARM		211 LOCATION	CITY OR TOV	WN	COUNTY	STATE	_
	WHILE NOT WHILE AT WORK	(A) HOME, SIREET,	, FACIORY, OFFICE, FARM	1, 610)	3.742					
	22a. I certify that (Mithis house				8-1- , 19-84	<u>12</u>	7	19841	hat xt k(we) la	st
-	saw the deceased alive a abave, (Mwe) (did)	w the body off	2-7- 19 8 er death.	4_, an	d that in KK (aur) apinian de	eath accurred an the do	te and haur	and from the	auses stated	
-	226. SIGNATUR				DEGREE			22c. DATE	SIGNED	
ľ	- Jany 1	hyma	n m	>	PHYSICIAN [MEDICAL STAF		12/8/	84	
	274 PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS	0 01		11		
	vary U	1. NVm	an		vamc,	Baltimo	re			
	23a. BURIAL, CREMATION, REMOVAL	1 236. DATE	23c NAA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	Burial	12/12/8	4 Arli	ngto	on National	Arlingto	n	Virg	ginia	

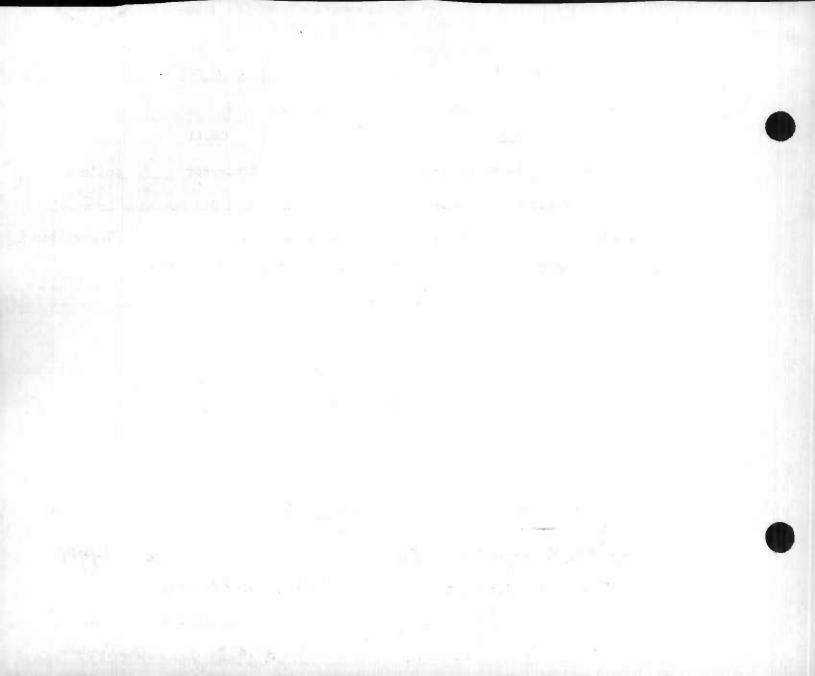
DHMH 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Demaine Funeral Home,

Arlington National 520 S. Washington Street 250 Alexandria, VA 22306

Virginia

REGISTRAR 25b. REGISTRAR'S SIGNATURE



REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX BALTIMORE CITY OR COUNTY OF DEATH /a BIRTHPLACE (STATE OR FOREIGN DIVORCED [13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? HESTER OXFORD 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY edece frede IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 45000 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. 45 UD CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a | certify that (I) (this hospital) altended the deceased from_____ 12. saw the deceased alive on 12. (Cabave, (I) (we) told) (did not) view the body after death _19 _______, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL MO 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

- STATE

22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 6.T. HOLED WEBL 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR OXFORD OXFORD PA. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

YES [

COUNTY

STATE

ALLON AND THE STATE OF THE STAT ES DECEMBER CHESTER CARRIED

#+	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	3 :	5 5	Ü
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
9.5		Wa	alter R. Wladkow			December			10:30PM
~	1, 5E		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
1.	- 2	Mule	White	Nov.		72	YRS.		
A P		OUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY US:1	MARRIE WIDOWE	D NEVER MARRIED X	P BALTIMORECITY O		OF DEATH	MD
123	Pe	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH EACILITY, GIVE STREE VA Medical Cent	and Per		120 USUAL OCCUPATION OF MOST O	ON OF WORKING LIFE	12b. KIND O	F BUSINESS OR
125	USU.	AL RESIDENCE (IF NURSING HOME OR 13b, COUN	OTHER INSTITUTION. GIVE RESIDENCE BEFO 17Y 136 CITY OR TOV BULCO.	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS / 218 S. Che.	zip code	t. 2123	3/
-200	14. FA	THER'S NAME Walter	MLcrdkows	ki	15 MOTHER'S MAIDEN NA Amelia Mal			LAST	r
Poper	160. V		MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 2 - 1972 215 01		VAMC, Perry	ADDRE			
bonpopers r removol.		DADT I DEATH WAS CALISE	ly one couse per line for (o), (b), o D BY: E CAUSE (o) <u>CARDIO—RF</u>					APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
n signed by the ottending phys Then please remove carbonaog 10 burial, cremotion, or remove injury, or other troumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(b) POSSIBLE DUE TO, OR AS A CONSEOU (c) CONGESTIVE CONDITIONS CONTRIBUTING TO	JENCE OF	RT FAILURE	MIN AL DISEASE OR CON	DITION GIVI	EN IN PART 10	o'
permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
Amentol Hygin or Item 18 sh		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	0.00
olth ond M.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	ZII LOCATION STREET	CITY OR TO	1111	COUNTY	STATE
CTOR: A d for use of Meol n 21 is m		sow the deceased alive an above, 恢(we) (did) (破成功)	tol) attended the deceased from 12-15- 19- txview the body after death.	84	3-8 , 19 83 and that in XXV (our) opinion	death occurred on the de	ote and hour	and from the	
RAL DIRECTOR: detoched for us note Dept. of He AT: If them 21 is		276. SIGNATURE 35 2	5 Hm			MEDICAL STAI DIRECTOR PHYSIC		22c. DATE:	SIGNED 16-84
should be der with the Stote		DILIP S.	KITTUR, M.D.			al Center, l	MD		
F 8 8 5		Burial Burial	12-19-84 H	OLY RO	EMETERY OR CREMATORY OSCINU CEMETER 150 DA	Baltimore		COUNTY	Md. STATE
16 50M 4/83 1 15, 4)		DNERAL DIRECTOR PAME Ber Funeral Hor	ne, Baltimore, N	nten	Street 150 DAS	TE REC'D. BY REGISTRAR	25b. REGISTS	RAR'S SIGNATI	URE



(0.0 th 25 12 12 19 18) who I in which the way to the world the way to the way to the way to the way to the world the way to the wa TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed #### 24

etained by the haspital or attending physician.

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V	1.	STATE REGISTRAR	DEP		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	3	5	2
d		CEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
1	1	INFANT TRAV	IS -	Y	ATES	DECEMBER	13, 1	984	0437 M
1	3 SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		Male	White	Dec	ember 13, 1984	5	YRS.	NTHS DAYS	1 2
1	Mi. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	v	9 BALTIMORE CITY O		F DEATH	
35		Mary land	USA	WIDOWE	DI NEVER MARRIED TO	Cecil			MD.
61		ITY OR TOWN OF DEATH 1kton	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Union Hospi	IRSING HOME C		120 USUAL OCCUPATION OF WORK FOR MOST O		12b. KIND O	F BUSINESS OR
185	13a.	AL RESIDENCE (IF NURS HE NOME OR STATE COUN aryland Cec	ITY 13c CITY OR	TOWN	YES NO	13. STREET ADDRESS 143 Holli	ngswor	th Man	or 21921
276))	ATHER'S NAME Robert	B. Ya	tes	15. MOTHER'S MAIDEN NAM	Lou Middle	C	oulbou	rne
lico		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE			
med		(11 125, 61)			Mr. Robert	B. Yates,	Elktob	, Md.	21921
ic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for 10), (b) BY: E CAUSE (o) DUE TO, OR AS A CONSI	end	Tusity.			BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, ar other traun	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVER	IN PART TIC	1
Anogonia de la como de	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
Hem 18 sh		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2(
is marked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is mo		22a. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did no	Dec. 13	19 8 7, on	d that in (my) (our) apinion c	eoth occurred an the do	3 . 19 ite and haur a		that (I) (we) last causes stated
T. # Her		276. SIGNATURE	, Sister			MEDICAL STAF DIRECTOR PHYSIC		12 -	14-84
MPORTANT: H		EPNEST U	V. Seite	RA	270 ADDRESS EIK	170N, 11	70	219	21
=		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
- 1	0.5	Burial	12-17-84	Elkton	Cemetery	Elkton	2	Maryla	nd 21921
/82		HICKS HOME for	FUNERALS, ELKI	ron. MD.	21921 DEC	3 1 1984	256 REGISTRA	ILS SIGNA	Hoteles

DHMH - 16 50M 4/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherdring physician and compilied. After this care is the funeral direct should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 theuld be filled within 72 techniques State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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